



PERMANENT SIGN APPLICATION

Santa Rosa County Community Planning, Zoning & Development Division
6051 Old Bagdad Highway
Milton, FL 32583
Submit application to Patsy Dyess

Phone: (850) 981-7075 or (850) 939-1259 Fax: (850) 983-9874
E-Mail: www.co.santa-rosa.fl.us

Sign Application Instructions:

NOTICE: This is for Zoning Approval Only. Building Codes can possibly apply for the construction or erection of signs. For information regarding these codes and the possible requirements of a construction permit, contact the Building Department at: 850-981-7000, 850-432-2244, or 850-934-8099

The following items are required by the Community Planning, Zoning and Development Division at time of application submission:

- _____ Are there any **existing signs**, structures or portion of an existing sign on property at this time, if so please describe the conditions _____
- _____ A **drawing** of sign showing **all** dimensions _____
- _____ **Site Plan** showing location and setbacks from property lines
- _____ Legal description (**tax parcel I.D. number**) of property on which the sign is proposed
- _____ **Notarized** Owner/Trustee authorization **letter** for sign placement
- _____ Permanent Signs (excluding wall signs) must **permanently display** Zoning application number in 3" (three inch) lettering visible from road frontage.
- _____ State approval**if applicable
- _____ **Subdivision signs** should have Sealed Engineer construction plans (drawings 1"=30')
- _____ **Fee** of \$5.00 per 100 sq ft or the fraction there of for all permanent signs

Sign applications will be reviewed and approved or denied within three (3) working days of submittal of a COMPLETE application

FOR OFFICIAL USE ONLY	
Application No. _____ -S- _____	Date received _____
Fee _____	Receipt _____
Approval Date: _____	Zoning District _____
-	

Name of Project: _____

Address of Project: _____

Tax Parcel Number _____ - _____ - _____ - _____ - _____ - _____ ZONED _____

APPLICANT:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

SIGN OWNER (If different from applicant):

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

LAND OWNER:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Applicant/Representative Signature: _____

TYPE OF SIGN (See Article 8 - Land Development Code):

CIRCLE ONE THAT APPLIES: On Premise Off Premise Off-Premise-Directional Wall

For Subdivision Shopping Center Strip Center Malls Single Parcel

State the number of Business spaces provided: _____

NOTE: setbacks are measured from the leading edge of a sign or supporting upright whichever protrudes farthest out towards the property line.

For **On/Off Premise signs**, number of sign fronts _____ and name of the roads each are facing on site plan. Height of Sign _____ Total Advertising Area of sign: _____ Front Setback: _____ Side Setback: _____

Wall Sign Dimensions _____ Height of Building _____ Length of Building _____ at street front. Side Street: Height of Building _____ Length of Building _____

For Office Use Only
Wall Sign Size Allowed (10%) _____ Used _____ Remaining _____

ATTENTION! The pre-site check on all Off-Premise signs must have the laminated pink sheet posted at the proposed location.

The Green laminated approval form from the Planning & Zoning Department must be posted & visible from the street front on the job site BEFORE any development may begin. If not posted - a citation may be issued. THIS APPROVAL IS VOID AFTER 1 (ONE) YEAR IF CONSTRUCTION HAS NOT COMMENCED.

For On/Off Premise Signs, after construction is completed, the sign application number must be permanently affixed in three (3) inch lettering visible from the road frontage.

ATTENTION

After the sign has been erected or construction completed a request must be made to the Planning and Zoning Department for a **final inspection**. This is in addition to your final inspection by the Building Department. If you have any questions or if we can be of any assistance please contact us between 7:30 a.m. and 4:30 p.m. Monday through Friday.

Owner/Trustee Authorization Letter

I declare and affirm that I am the Owner or Trustee of the real **property** (land) mentioned here:

(Tax Parcel ID Number)

located at:

(street address if existing)

and have full authority to authorize:

(Name of person or company)

to submit a **Permanent Sign** Application for the aforementioned real property. I understand that sign construction is subject to Building Code and contractor competency requirements as administered by the Santa Rosa County Building Inspections Department.

(Print Name of Owner or Trustee)

(Your Street Address)

(City, State, Zip)

(Owner or Trustees Phone Number)

(Signature of Owner or Trustee)

(Date)

Notary _____
(Print Name)

Expiration Date of Seal _____

ID Produced _____

Personally Known _____

Notary Signature _____

Date: _____

Seal:

Comments: